

cases, three times in two cases, four times in two cases, five times in two cases, six times in one case, and seven times in one case, for periods varying from one to twelve hours). On the women's side of the house more restraint was used in the early part of the year, but in the last seven months it was used in only two cases, three times in one case, and four times in the other, for periods varying from one to ten hours. In the foregoing list of restraint used is included seclusion in three different cases of paroxysmal mania in men and one of general paralysis (four times in two cases, five times in one case, and once in one case, for periods varying from two to six hours). Seclusion was not resorted to in any other case, and the habit of voluntary seclusion into which certain old patients are inclined to fall has been entirely broken up. It is distinctly stated that the reduced use of restraint has not been attended by an increased use of nervous sedatives or hypnotics, which have, in fact, been very sparingly used. On the contrary, more dependence than ever before has been placed upon the composing and indirect hypnotic effects of tonic and stimulant treatment and the use of warm medicated baths and massage at bedtime. This illustrates the beneficial results of the New York Neurological Society's criticism. At the same time, it is evidence that Dr. Nichols is not a doctrinaire, and is incapable of the deception put upon Dr. Bucknill.

MUTILATIONS BY SEXUAL LUNATICS.—The relations between religiosity, sexuality, and mutilation have long been recognized by alienists. An aberrant tendency of the religio-sexual order finds its expression in some religious sects, and this tendency to self-mutilation is one of the cardinal principles of the Skoptzki, a Russian sect. Examples of the kind of mutilation practised by this sect are by no means unfrequently reported as occurring among religious lunatics. The *Archives de Neurologie*, September, 1882, reports the case of a tailor who removed both testicles without any other instrument than his nails, and perfectly recovered from the injury. In another case, reported in *Langenbeck's Archives*, a similar sexo-religious lunatic opened his abdomen with a rusty penknife; then, having recovered, he removed the left testicle and subsequently the right. It would appear that in certain cases, as was remarked by Montaigne, lust finds zest and stimulation in pain, and this seeking for a pain as a stimulus is, it is by no means improbable, an atavism, as certain of the lower animals cannot copulate without pain. In many of these religious lunatics the mutilation is referred to remorse or a desire to avoid temptation, but the most probable explanation is, in many cases, that of Montaigne.

PROGRESSIVE PARESIS AND MULTIPLE CEREBRO-SPINAL SCLE-
ROSIS. — Zacher (*Archiv für Psychiatrie*, Band xiii) reports a

case of progressive paresis complicated by multiple cerebro-spinal sclerosis. He also reports a case in which symptoms of spastic spinal paralysis were present. He regards these spastic symptoms as of cortical origin. He is of opinion that differential diagnosis can be made between progressive paresis with spinal sclerosis and the same without spinal sclerosis, by the non-existence of sensory symptoms and contractures in the latter case.

MENTAL STATE OF HYSTERICAL PATIENTS.—Dr. H. Huchard (*Archives de neurologie*, March, 1882) discusses in a general way the mental state of hysterical patients. But the article is vitiated by the fact that Huchard fails to perceive that hysteria is a state often arising from congenital defects in the brain cortex. The mobility of the mental and neurological features of the hysterics are, and with justice, insisted on by Dr. Huchard. The tendency to opposition, contradiction, and controversy which hysterics display is also well described. The patient, described by Laségue and quoted by Huchard, who claimed to be a natural daughter of Victor Emmanuel's sister, and cited in evidence a certain mysterious casket, was really a primary monomaniac.

FORENSIC RELATIONS OF SEXUAL PERVERSION.—Kirn (*Allgemeine Zeitschrift für Psychiatrie*, Band xxxix, Heft 2 and 3) says that each doubtful case of sexual perversion, where an unnatural sexual tendency has been exhibited, should be examined by experts. That if the patient be found to have exhibited such tendencies from birth and exhibit a neuropathic hereditary history and physical evidence thereof, he should not be exposed to the rigor of the law, nor should he if such tendencies result from mental defect arising later in life.

BIBLIOGRAPHY.

Reaction of the pupils in the insane, Moeli, *Archiv für Psychiatrie*, Band xiii, Heft 3. Imitation in its relations to *folie cominguée*, Marandon de Monteyel, *L'Encéphale*, No. 4, 1882. Tendon reflex in pellagrous individuals, *Archivio di Psichiatria*, iii, 1882, 4. Transitory furor from lead-poisoning, *Gaillard's Medical Journal*, February 17, 1883. Classification of insanity, Kiernan, *Detroit Lancet*, February, 1883. Low temperature in insanity, Hedon, *Archiv für Psychiatrie*, Band xiii. Temperature in insanity, Bechterew, *ibid.* Optic disturbances in progressive paresis, *Neurologisches Centralblatt*, January 15, 1883. Insanity from simulation, *Gaillard's Medical Journal*, February 15, 1883. "Self-recognized insanity," Pick, *Archiv für Psychiatrie*, Band xiii.

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